

**KINGDOM OF CAMBODIA
NATION RELIGION KING**

**THIRD QUARTERLY COMPREHENSIVE REPORT, 2010
HIV/AIDS & STI PREVENTION AND CARE PROGRAMME**



**MINISTRY OF HEALTH
NATIONAL CENTER FOR HIV/AIDS, DERMATOLOGY AND STD**

ACKNOWLEDGEMENTS

On behalf of National Center for HIV/AIDS Dermatology and STD, I would like to acknowledge the hard work of all staff and partners in the implementation of HIV/AIDS Prevention and Care Programme in line with to Strategic Plan For HIV/AIDS and STI Prevention and Care 2008-2010 and regularly send reports to Planning Monitoring and Reporting Unit and Data Management Unit of NCHADS. These achievements occurred the great participation of Provincial Health Department/Provincial AIDS Office, Operational District, Referral Hospital, and NCHADS Units and supported from all stakeholders and partners.

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NCHADS' Quarterly Comprehensive Report July to September 2010



Introduction:

This report describes the achievement of program implementation on HIV/AIDS and STI prevention, care, support and treatment during the 3rd quarter of year 2010. The report is intended to aggregate data and information collected from all OI/ART, VCCT, Family Health Clinics, HBC, and PMTCT sites from the whole country to be represented as the National Comprehensive Report for the health sector response to HIV/AIDS and STI in Cambodia. The following sections reported the main three program areas implemented for this period that are including: I) Programme management and implementation; II) Results from health service deliveries; and III) Financial Report for describe the financial disbursements against the third quarterly budget plan.

I. PROGRAMME MANAGEMENT AND IMPLEMENTATION :

The National Center for HIV/AIDS, Dermatology and STD (NCHADS) is the institution of the Ministry of Health whose mandate is to coordinate and develop Policies, Strategies, and Guidelines for implementation of HIV/AIDS and STI Prevention, Care, Support and Treatment activities within the health sector. It plays an important role in mobilizing and allocating resources for the implementation of activities at national and provincial levels to achieve the objectives and goals of NCHADS Strategic Plan 2008-2015, as well as to move towards to the universal access by 2010.

A. GFATM Round 7 Grant Management:

In order to capture the program implementation, the progress update and disbursement request (including share information of catch up targeted plans, challenges and lesson learned and financial reports), PR/NCHADS organized the Quarterly meeting with all R7 sub-recipients to track their achievements against the targets at the end of second 6 month period of program implementation (January to June 2010), to share lesson learned, to identify issues and challenges, to look for the practical solution, and to address any issues related to the program implementation during the course of the reporting period. Manager and key persons who are responsible for Programmatic, M&E, Finance and Procurement of each SRs are invited to participate and present their achievements in the 3rd Semi-annual Report 2010 in the Quarterly Meeting which was held at NCHADS's meeting room, from 14th - 15th July 2010. *(Please see the report in Annex 3).*

PR/NCHADS was organised a Principle Recipient Technical Review Team (PRTRT) meeting on 11th August 2010 to review a 3rd Semi-Annual Report 2010 of PR/NCHADS which consisted of three main parts: programmatic, financial and procurement section. The main purpose of the meeting were to review, to clarify, to comment, and to recommend to improve the quality of report before submitting to LFA for further review, before the final submission of this report to the GFATM. The Principle Recipient Technical Review Team members (PRTRT) on HIV/AIDS component were invited to participate in this meeting. To standardise and harmonised arrangement of the GFATM Grant Management in Cambodia, PR/NCHADS was invited the similar panellist members to joint this meeting. They come from NGOs, Public and Civil Society which have a range of expertise in

developing, implementing, and assessing relevant programs in Cambodia. (Please see the report in Annex 3).

As agreed during the meeting with LFA and PR/NCHADS, PR/NCHADS will organized the meeting with all SRs and LFA team in 2nd week after submits the semi-annual report to LFA in order to get clearly clarification from some concerned SRs before submitting the report to GFATM and to prepare the disbursement Request for the next period on time. This meeting took place at the meeting room of the National Center for HIV/AIDS Dermatology and STD, held on 15th September 2010. The Program Managers and key responsible persons of each component: M&E, Finance and Procurement of each SR were invited to participate in this meeting to clarify the queries of the 3rd Semi-Annual Report 2010 of program implementation.

B. NCHADS Program Implementation:

Under the Ministry of Health, NCHADS also plays a role as implementing agency to provide technical support on HIV/AIDS and STI prevention, care, supported and treatment program to all partners involved including provincial AIDS offices and NGOs. Within NCHADS Strategic Plan 2008-2010, there are main activities set in HIV/AIDS and STI components of the strategic plan that are implemented by NCHADS, provinces, and NGOs.

The following descriptions are the detailed report of activities in each component that have been done during this quarter at national and provincial level.

1. Prevention Package:

National Level:

a. Behavioral Chang Communication (BCC):

- National Technical Working Group on COPCT meeting were held every month to review the activities of the Outreach Peer Education program and referral mechanism of EWs to check up at STI clinics and other services such as VCCT, OI/ART and Reproductive Health.
- BCC Unit developed, printed, and distributed the IEC material such as: Ongoing designed and developed IEC material with HIV/AIDS related message:
 - o Leaflets on HIV/AIDS (4 types): 100 000 pcs
 - o Leaflets on STD (1 type): 80 000 pcs
 - o Posters (2 types): 10 000 pcs
- Joint Supervision visits with STI/RTI Unit to monitor and to provide technical supports on OPC program and STI prevention were conducted by BCC and STI officers in Preah Vihear, Pursat, Kampot, Kep, Preah Sihanouk, Stung Treng, Rattanakiri, Pailin, Kratie, Siem Reap, Kampong Thom, Banteay Meanchey, Kampong Cham, Koh Kong, Kampong Speu, Mondulakiri, Takeo, Kandal, Kampong Chhnaiing , Prey Veng, Battambang, Svay Rieng and Oddor Meanchey province. (*Report in file*)

Provincial Level:

- Routine activities were done during this period including developed the annual mapping of Entertainment Establishment, organized the meetings such as P-CoPCT-CC, P-CoPCT-ST, D-CoPCT-CC, Owner meeting, and monitor to DPCT on outreach activities and referral of EWs to STI clinic and health services.

b. Sexual Transmit Infection/ Reproductive Tract Infection (STI/RTI):

National Level

i. Technical Working Group Meeting:

STI/RTI Unit of NCHADS conducted a monthly TWG meeting to review as following:

- Strengthening the implementation of Linked Response approach on STI/RTI prevention and care, VCCT, reproductive health and family planning for EWs in Cambodia.

ii. Trainings and Workshops:

Trainings and workshops were organized during this period including:

- Two 10-days Initial training on STI/RTI case management based on Laboratory for health Care provider of Family Health Clinics who are new and not yet received this training. The trainings were held at NCHADS with 35 participants were come from Preah Sihanouk, Banteay Meanchey, Siem Reap, Kampong Speu, Kampong Chhnaing, Koh Kong, Pursat, Kampot, Kampong Thom, Oddor Meanchey, Kratie, Stung Treng, Rattanakiri, Kampong Cham, Preah Vihear, Prey Veng, Battambang, Phnom Penh, NMCHC, NCHADS, Clinic Chhok Sar, ACTED/PSF clinic, and MEC clinic.
- Three 3-days Refresher training on Laboratory for Lab technicians of STI clinics with 78 participants from 32 Family Health Clinics in 21 provinces (except Kandal, MDK and Kep).
- Three 3-days Refresher training on STI/RTI case management in sex workers for health care providers of STI clinics with 100 participants from 32 Family Health Clinics in 21 provinces (except Kandal, MDK and Kep).
- Twelve 3-days training course on Syphilis screening for Pregnant Women for Health Care providers who are working at the HCs in OD Mesang, Prey Veng, Kampong Trabek, Preah Sdech, Neak Loeng, Ang Roka, Kirivong, Svay Rieng, Mong Ressey, Battambang, Thmar Kol and OD Korng Pisey funded by GFATM-R7.
- Data of Dermatology and STI cases from National STI Clinic are summarized in Table 1.

Table 1: Consultation and treatment

Disease	Dermatology		STD	
	Male	Female	Male	Female
Month				
July	106	110	1	1
August	121	159	6	8
September	119	138	3	1

iii. Monitoring and Supervision

- STI/RTI Unit in collaboration with clinicians and lab technicians from National STD clinic conducted jointed supervision visits to monitor and provide technical support to STD clinics in Pursat, Kampot, Siem Reap, Kampong Thom, Stung Treng, Battambang, Kampong Cham, Memut, Tbong Khmum, Kampong Speu, Prey Veng, Takeo, Rattanakiri, Oddor Meanchey and Kampong Chhnaing to monitor and provide technical support to STI clinic staff and assess on the laboratory for this service, with

sold some problems and provide some recommendation to improve the STI clinic (Reports in file).

- Field need assessment of STI clinic in Siem Reap and Banteay Meanchey.

PROVINCIAL LEVEL:

- Mobile STI clinic was conducted every month for Entertainment workers at districts in Baray Santok/Kampong Thom, Mebon and Svay Antor/Prey Veng, Chhouk/Kampot Phnom Sruoch and Korng Pisey/ Kampong Speu, and Bavet/Svay Rieng.
- Conducted the STI/RTI Refresher Training and STI/RTI Coordination meeting
- Regular supervision on STI/RTI to STI clinics and STI services integrated at the Health Center that have done at provincial and district levels.

2. Care Package:

a. Health Facility and Home Based Care:

NATIONAL LEVEL:

i. SOP or Guidelines developed:

Guide for Implementation of Positive Prevention among People Living with HIV in Cambodia:

Based on the importance and necessity of guide for implementation of Positive Prevention among People Living with HIV in Cambodia, AIDS Care Unit of NCHADS collaborate with TWG developed the Guide for Implementation of Positive Prevention among People Living with HIV because the Positive Prevention helps PLHIV better understand issues affecting their health status. Failure to change their unsafe sexual behaviors can lead to the acquisition and transmission of sexually transmitted infections (STI) and/ or hepatitis B and HIV super-infection leading to ARV resistance. This Guide was approved by MoH and will be launched soon.

ii. Training/ Workshop:

- 8th Batch of the 2 weeks Training course on OI/ARV Management for Adults was conducted with 39 clinicians from PHnom Penh (Mean Chey RH, Pocheentong RH, Samdech Ov, Chamkar Dong, Clinic Social Health Clinic, Clinic Chhouk Sar and AFH), Battambang province (Thmarkol RH, Mong Ressey RH), Kampong Cham (Cheung Prey RH, Srey Santhor RH, Chamkarleu RH, and Memut) Takeo province (Donkeo RH, Kirivong RH, and Prey Kabas RH) Kampong Speu province (Kampong Speu RH and , Kong Pisey RH), Kampong Thom province (Kampong Thom RH and Baray RH), Kandal province (Koh Thom RH and Kien Svay RH) Sampovmeas RH, Kampong Chhaning RH, Siem Reap RH, Sre Ambel RH and Svay Rieng RH (Reports in file).
- 3 sessions of Regional Counseling Network meeting on OI/ART Management for Adult were conducted in 3 different provinces (Kampot, Kampong Cham, and Battambang). The meetings provided an opportunity for Counselors from OI/ART sites to gain new knowledge, to share experiences from treatment sites across the regions, to discuss challenging cases observed and treated, and to raise quality improvement issues (Reports in file).
- 6th Pediatrician Regional Network meeting was conducted in Phnom Penh. This meeting provided an opportunity for Pediatricians from Pediatric OI/ART sites to gain new knowledge, to share experiences from treatment sites across the regions, to discuss

- challenging cases observed and treated, and to raise quality improvement issues (Reports in file).
- 1 session of Regional Network meeting for Home and Community Based Care for HIV/AIDS was conducted in Battambang provinces, with 66 participants from 6 provinces (Battambang, Pursat, Banteay Meanchey, Pailin, Siem Reap and Oddor Meanchey) and NGOs partners including KHANA, FHI, AHEAD, BFD, BWAP, SCC, CSNCN, CSCN, KBA, SEADO, CSDA, CARE, FAP, Caritas, MODE, WOMEN, and US-CDC that funded by GFATM-R4. The objectives of this meeting were to review the achievement and discuss on other issues or challenges faced during the implementation in 1st semester 2010 including reporting format, reporting flow, and to share experiences among Home Based Care team (Reports in file).
 - With coordination with CNAT, NCHADS organized the orientation trainings on the Implementation of Three I's Strategy in Prey Veng, Takeo, and Svay Rieng provinces. The objectives of the training aim:
 - o To provide and explain the Three I's SoP for screening and diagnosis of TB in HIV infected patients, isoniazid preventive therapy (IPT) for PLHIV unlikely to have active TB, and to strengthen TB infection control (IC) measures at Continuum of Care (CoC) settings.
 - o To improve knowledge and skill related to Three I's Strategy to health care staff with focus on topic as following:
 - i. Intensified TB case finding among PLHIV through verbal TB symptom screening for a combination of 3 symptoms,
 - ii. Use IPT Standard Operating Procedure Algorithm for PLHIV unlikely to have active TB,
 - iii. TB Diagnostic workup among PLHIV
 - iv. Tuberculin Skin Test (TST)
 - v. Support IPT Adherence
 - vi. TB Infection Control in CoC Settings
 - vii. Monitoring & Evaluation
 - o Planning for implementation of 3 Is strategies
 - Six 2-days Orientation Workshop on Implementation of linked Response approach for HIV/AIDS and Reproductive Health were held in OD Kampong Thom, Stong, Romeas Hek, Chipou, Kampot, Kampong Trach, Angkor Chey, Memut, Kampong Cham, Punhea Krek, Kroch Chmar, Punhealeu, Takmao, Saang, Ang Snuol, Kampong Speu, Don Keo, with participated from health care providers and NGOs who are working on HIV/AIDS prevention and Care. (Reports in file).

iii. Supervision :

- Joint supervision trips conducted to monitor on CoC, HBC activities and field need assessment of Linked Response approach in OD Kampong Cham, Punhea Krek, Kroch Chmar, Stoeung Trang, Damber, Oraing Ov, Memut, Kampong Trach, Kampot, Chhouk, Angkor Chey, Kampong Chhnaning, Kampong Tralach, Punhealeu, Mokkapoul, Kien Svay, Takmao, Saang, Ang Snuol.

PROVINCIAL LEVEL:

- Monthly CoC coordination committee meetings and MMM activities were conducted at the ODs level.
- Clinician meeting was conducted in Kampot with 28p.

- Counseling meeting was conducted in Kampong Thom with 48p,
- OI/ART refresher Training was conducted in Kampong Thom with 21p.

b. VCCT:

i. Workshop/Training:

- Four 5-days of Initial training on HIV/AIDS Counseling for Counselors from VCCT and health care providers from the HCs that will be implementing the linked Response approach for HIV/AIDS and Reproductive Health. The 111 participants were come from Kampong Cham, Kampot, Pursat, Kampong Speu, Takeo, Kampong Chhnaing and RHAC which funded by GFATM-R7 and R4.
- Two 5-days of Refresher training on HIV/AIDS Counseling for Counselors from VCCT with 46 participants were come from Svay Rieng, Koh Kong, Siem Reap, Phnom Penh, Prey Veng, Kandal, Preah Vihear, Takeo, Kampong Thom and RHAC which funded by GFATM-R7.
- One 5-days initial training on Laboratory of HIV testing, with 25 participants from VCCT/HCs in Kampot, Kampong Speu and Kandal province and one refresher training on Laboratory of HIV testing, with 25 participants from VCCT/HCs in Phnom Penh, Siem Reap, Svay Rieng, Prey Veng and Koh Kong which funded by GFATM-R7.
- One 5-days of Refresher Training courses on serology for HIV/STI testing including Syphilis screening, DNA, PCR for 15 Lab technicians from Referral Hospital of Battambang, Mongressey, Sampovloon, Neak Loeng, Prey Veng, Kampong Cham, Memut, Tbong Khmum, Sereysophon, Mungkulborey, Poi Pet, Samdech Ov, Chamkar Mon, Anlong Veng and Donkeo RH which supported by GFATM-R7. (Reports in file).
- One 2-days workshop on Regional Counseling Network meeting and one Lab network meeting were held in Phnom Penh, with funded by GFATM-R7. These meetings provided opportunity for counselors, and lab technicians from VCCT sites to share experiences and discuss challenges during the implementation.

ii. Monitoring and Supervision:

- Monitoring and supervision trips were conducted to monitor the activities at the VCCT's sites in Kampong Cham, Kampong Chhnaing, Svay Rieng, Oddor Meanchey, Pailin, Siem Reap, Battambang, Pursat, Koh Kong, Takeo, Prey Veng province. The purpose of the supervision were to review the VCCT, CD4 activities such as: register book, appointment cards, referral cards, process of pre and post test counseling, lab activities (Rapid test), blood samples, used and stock of reagents and consumables.

3. Surveillance & Research package:

a. Surveillance:

i HSS Round 10:

- One 5-days Training on Data collection for HSS round 10 for Interviewers from HSS sites from 22 provinces, except Mondulkiri and Kep.
- Three 3-days Regional Training on Data Collection for HSS round 10 for lab technician from HSS sites from 22 provinces, except Mondulkiri and Kep.
- Supervision on Data Collection for HSS round 10 in Kratie, Kampong Cham, Takeo, Kampot, Preah Sihanouk, Svay Rieng, Prey Veng, Stung Treng Rattanakiri, Kampong Thom, Preah vihear, Oddor Meanchey, Siem Reap, Banteay Meanchey, Kampong Chhnaing, Battambang, Koh Kong, Pursat, Kampot and Kampong Speu province.

ii **Monitoring of HIV Drug Resistance Early Warning Indicators :**

During this quarter, the second round of EWI was continued, by collected the data from OI/ART sites including Kampong Chhnaing RH, Sampov Meas RH, Kratie RH and Preah Sihanouk RH.

b. Research:

i. **Continuum Quality Improvement (CQI) for HIV Care:**

- During this quarter, Research Unit conducted the need assessment and collected and analyzed the data related to 10 key indicators for starting to implement the CQI in Pailin RH, and Preah Sihanouk RH.

ii. **Other Research:**

- One 3-days Refresher training on Monitoring of HIV Drug Resistance Emergency during treatment and related programme factors at a sentinel ART sites at Chey Chum Neas RH and Social Health Clinic with funded by WHO.
- Jointed in process of develop protocol on Sexual health seeking behavior among MSMs survey and protocol on Family Planning among PLHAs in Cambodia.

4. MANAGEMENT PACKAGE:

a. Planning, Monitoring and Coordination

NATIONAL LEVEL:

i Planning Activities

- Coordinated to develop the 3rd Quarterly Comprehensive Work-plan 2010 for NCHADS and 24 provinces that were included the detail activity plans, expected outputs and allocated available funds from all funding sources.

ii Coordination Meeting:

- Coordination meeting with Logistic Management Unit, Procurement and relevant's NCHADS Units were conducted. The main objectives of the meeting are to quantify of the forecasting need of OI/ARV drugs, reagents, consumables for VCCTs, CD4, and STI clinics in 2011, to update the current stocks of these health products and commodity at NCHADS and CMS, and to monitor and follow up the supply management to avoid stock out at the services delivery levels.
- The Technical meetings were conducted every month with participated from chief or vice chief of all technical units of NCHADS and chaired by director or deputy director of NCHADS. The meetings were follow up the implementation of NCHADS program, update the new information, and raise and solve some issues.

iii Monitoring Activities:

Developed the NCHADS 2nd Quarterly Comprehensive Report 2010, which is available at NCHADS' website at www.nchads.org. The report was also distributed to MoH, NAA, donors and other partners.

PROVINCIAL LEVEL:

- Provincial AIDS Office of 24 provinces-cities developed the 3rd Quarterly Operational Comprehensive Plan for year 2010 which incorporated with many of the inputs and expected outputs from partners working at their ODs and Provinces.

- Organized the Quarterly Coordination meeting with partners to review the progress achievements and to identify the issues and solve the problem.
- Developed monthly report and quarterly report.

b. Data Management:

- Backlog data entry for STI, OI/ART and VCCT.
- Analyzed and reported on the Comprehensive patients monitoring for 2nd quarter 2010.
- One 4-day Refresher Training on Data Management System for Provincial Data management Officers from 20 provinces.
- Conducted supervision to province on data management, checked and entering OI/ART data in Kampong Chhnaing, Pailin, Pursat, Battambang, Kampong Thom.
- Jointed supervision on Linked Response Approach for Health Care providers on Data Management in Battambang, Kampong Speu, Siem Reap, Banteay Meanchey and Kampong Cham.
- Provincial Data Management Officers conducted the supervision to check and review the data at the sites such as OI/ART sites, VCCT sites and STI every quarter.

c. Logistic Management:

- Three 3-days Regional workshop on OI/ARV logistic Management for all OI/ART sites were conducted in 3 different places (Koh Kong, Siem Reap, and Prey Veng with 107p from 20 provinces).
- Prepared lists for distribute of the drugs, reagents and consumables according to the CMS schedule.
- Jointed monitoring with Planning Monitoring and Finance Unit to Mondulkiri, Kampong Thom, Rattanakiri, Kampong Speu, Preah Sihanouk, Kampong Chhnaing, Pursat, Pailin, Kep, Kampot, Battambang, Stung Treng, Bantey Meanchey, Kandal, Preah Vihear, Kratie, Siem Reap, Koh Kong and Oddor Meanchey province.

II. RESULTS OF HEALTH SERVICE DELIVERIES:

1. HIV/AIDS prevention activities

In quarter 3 -2010, there were a total of 59 Family Health Clinics (32 specialized government STI clinics covering 21 of 24 province-cities (except Kandal, Mondulkiri province and Kep city and 27 NGO STI clinics; RHAC: 18 clinics, Marie Stopes: 6 clinics, MEC: 1 clinic and PSF: 1 clinic, Chhouk Sar: 1 clinic).

Of the 32 family health clinics, 32 (100%) are upgraded with laboratory support to perform RPR testing and basic microscopy. Of those, 30 labs are functioning (Annex: STI indicator 2). This laboratory support enables specialized clinics to use refined algorithms for the management of STIs in high-risk populations.

In addition to family health clinics, 210 health centers in 71 OD/21 provinces provide STI services using the syndromic approach. At these HCs, in quarter 3 2010, 1,623 consultations for male patients and 11,772 for female patients were reported to the data management unit of NCHADS. Of 1,289 male patients who having STI/RTI syndromes reported, 1,229 of those (95.3%) suffered from urethral discharges; 58 (4.5%) from Genital ulcers and 2 (0.2%) from

Genital warts respectively. Of 11,146 female patients who having STI/RTI Syndromes reported, 5,978 of those (53.6 %) suffered from vaginitis, 4,657 (41.8%) from cervicitis and vaginitis; 418 (3.8%) from PID, 23 (0.2%) from Genital ulcers and from genital warts 70 (0.6%) respectively. A total of 1,033 male partners and 2,009 female partners of STI patients were notified and treated for STI.

65,677 consultations were provided at a total of 59 specialized STI clinics (32 government and 27 *NGO STI clinics, Among those consultations, 5,178 consultations were provided to male patients, 2,912 to MSM, 44,495 to low-risk women, and 13,092 to brothel entertainment workers (DSWs) and non-brothel entertainment workers (EWs) (1,476 for DSWs; 11,616 for EWs) of which 6,467 were monthly follow-up visits] (Figure 1).

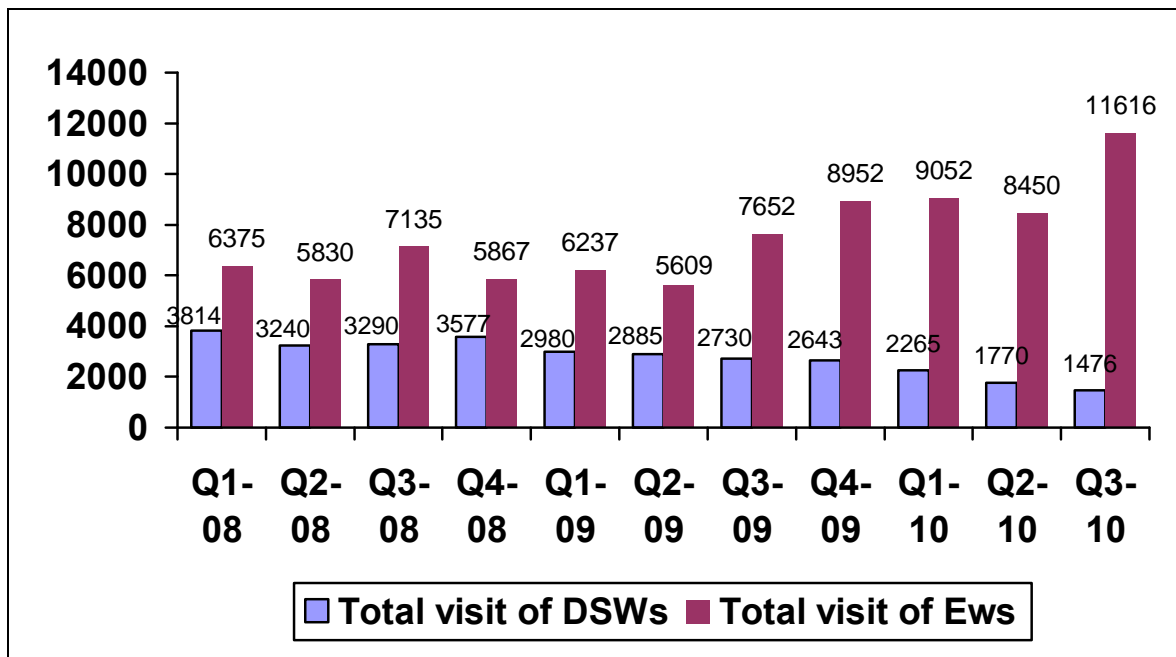


Figure 1: DSW and EW attendance to Family Health Clinics, from Q1 2008 to Q2- 2010

The RHAC clinics attract mostly low risk women whereas the 32 government STI clinics are used mostly by brothel entertainment workers and non-brothel entertainment workers. Most MSM population visited MEC clinic in Phnom Penh city.

At the 53 specialized STI clinics, among the 3,740 male patients who having STI syndromes reported in this quarter, 3,238 (86.6%) got urethral discharges, 13 (0.3%) got anal discharges, 253 (6.8%) got Ano-genital ulcers, 67 (1.8%) got Ano-genital warts, and 156 (4.2%) were inguinal bubo. Among the 493 MSM people having STI syndromes, 360 (73.0%) suffered from urethral discharges, 18 (3.7%) from anal discharges, and 71 (14.4%) from ano-genital ulcers respectively.

At the 53 specialized STI clinics, among the 45,740 low-risk women having STI syndromes reported that 37,153 (81.2%) were treated for vaginitis, 7,894 (17.3%) were treated for cervicitis and vaginitis, 201 (0.4%) were PID, 379 (0.8%) were ano-genital ulcers and 113 (0.2%) were ano-genital warts.

During the third quarter of 2010, of the 663 DSWs who attended specialized clinics for their first visit, 702 (105.9%) were diagnosed with a STI, including 282 (42.5%) with cervicitis. Among the 813 DSWs who attended specialized clinics for monthly follow-up visits, 472 (58.1%) of those were diagnosed with a STI, including 210 (25.8%) with cervicitis (Annex: STI indicator 1). In quarter 3 -2010, of the 5,962 EWs who attended specialized clinics for their first visit, 4,070 (68.3%) were diagnosed with a STI, including 1,881 (31.5%) with cervicitis. Of the 5,654 EWs who attended specialized clinics for monthly follow-up visits, 2,506 (44.3%) were diagnosed with a STI, including 1097 (19.4%) with cervicitis.

Of a total of 2,322 RPR tests were conducted in 3rd quarter 2010 at the 32 government specialized STI clinics, and PSF and MEC clinics, 18 (0.8%) were positive.

During this quarter, specialized STI clinics have referred 3,356 patients to VCCT, 4 of HIV/AIDS patients (PLHA) to OI/ART services, 58 pregnant women to ANC, and 308 women to Family Planning Services. In the other hand, specialized STI clinics also received patients that were referred from the other services including 390 patients from VCCT, 103 of patients from OI/ART services, 40 pregnant women from ANC and 23 women from Family Planning services.

2.1.1. VCCT

The number of VCCT services has increased drastically over the last 10 years, from 12 sites in 2000 to 239 sites by the end of Q3 2010 (Annex: VCCT indicator 1) (Figure 2).

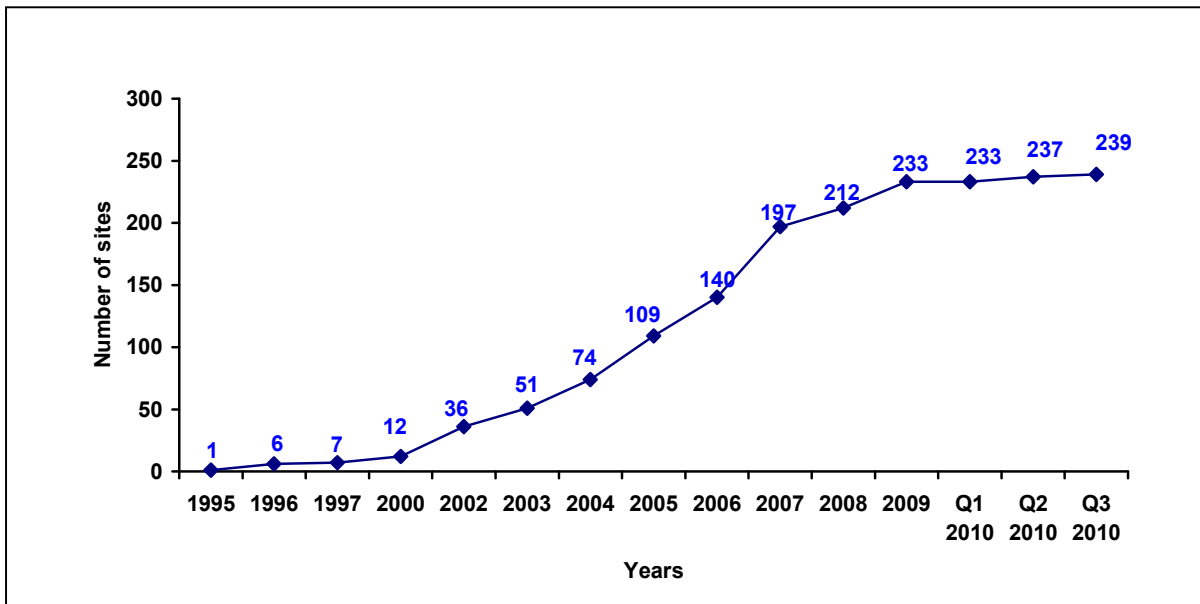


Figure 2: Trend in number of VCCT sites from 1995 to Q3-2010

A total of 2 new VCCT sites have been opened in Q3-2010 (Meanchey HC in Kampong Thom Province and Saem HC in Preah Vihear Province). Of the current 239 VCCT sites, 213 are supported directly by the Government and 26 by NGOs (RHAC, Marie Stopes, MEC, Center of Hope, Institut Pasteur Cambodia and Chhouk Sar Clinic).

In Q3-2010, of 154,813 (including 58,485 ANC attendees from NMCH) VCCT clients 62,101 (40.1%) were self referred, 64,171 (41.5%) were referred by ANC services, 2,501 (1.6%) were referred by STD clinics, 5,295 (3.4%) were referred by TB program, 7,582 (4.9%) were referred by HBC/NGO, 5,878 (3.8%) were referred by general medicine, 299 (0.2%) were referred by Pediatric care, 1,514 (1.0%) were referred by Maternity services, 461 (0.3%) were referred by BS/FP services and 5,011 (3.2%) were referred by other services (Figure 3).

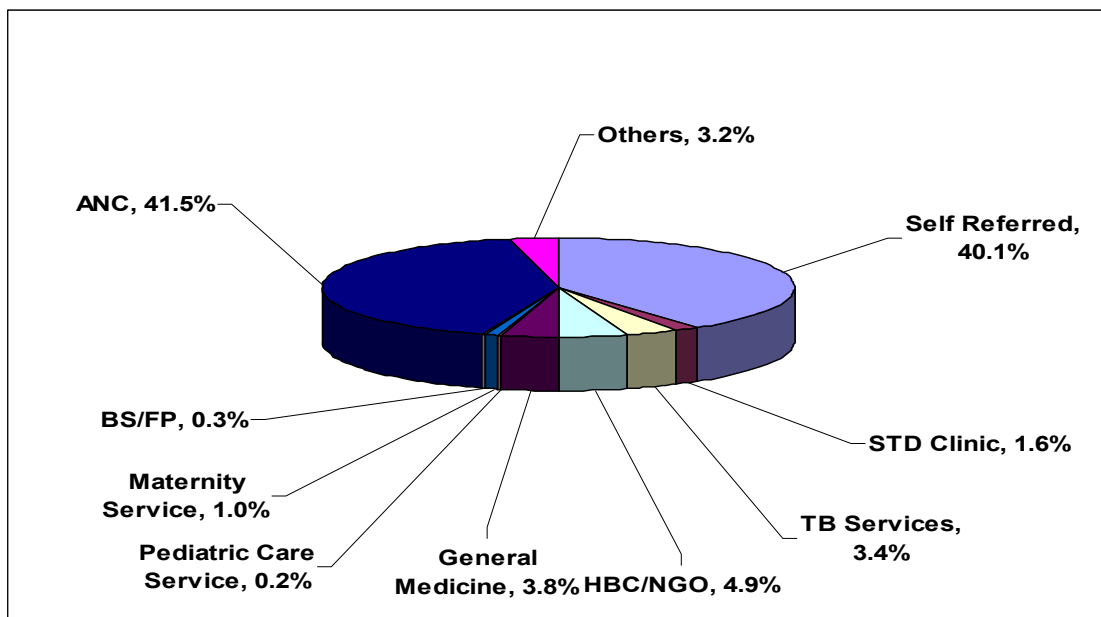


Figure 3: Trend in number of VCCT clients referred from other services in Q3-2010

A total of 152,885 clients have been tested for HIV in quarter 3-2010, including 94,400 VCCT clients, 5,116 TB patients, 51,451 pregnant women (48,376 at government facilities and 3,075 at RHAC clinics) and 10,321 male partners of pregnant women (10,109 at government facilities and 212 at RHAC clinics).

The figure 4 and Table 2 below show the trends and characteristics of the subset of VCCT clients and TB patients tested for HIV at VCCT services, these figures do not include pregnant women. A total of 94,400 VCCT clients and TB patients have been tested for HIV at VCCT sites in Q3-2010 (Figure 4).

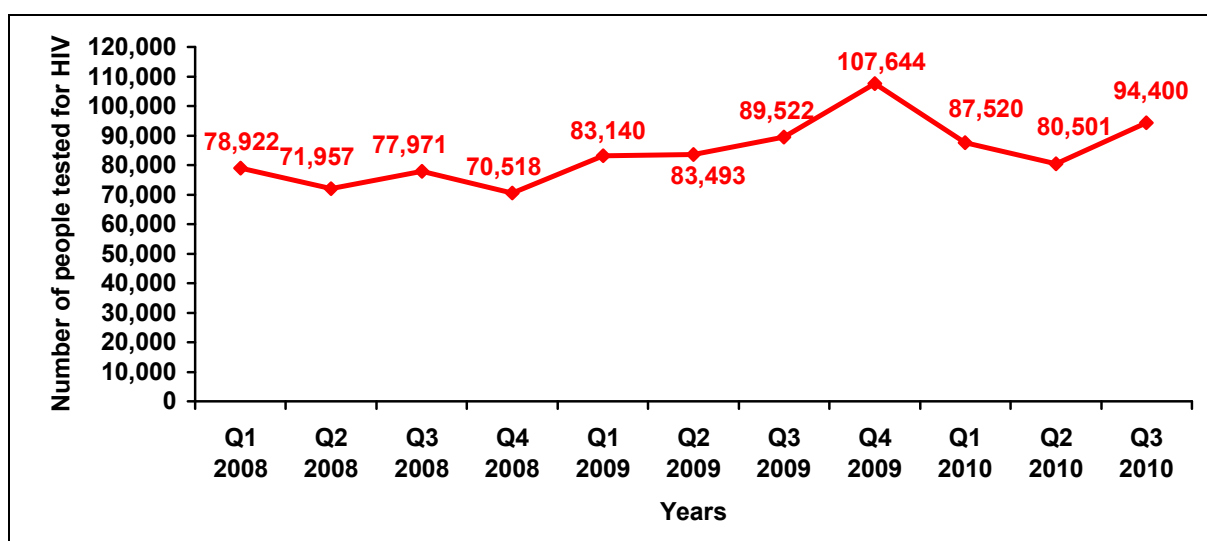


Figure 4: Trend in numbers of people tested for HIV at VCCT services from Q1-2008 to Q3-2010

Of the total number of VCCT clients and TB patients tested in Q3-2010, 53,155 (56.3%) were female and 85,864 (91.0%) were aged 15-49 years (VCCT indicator 2) (Table 2).

	People tested for HIV N= 94,400 No. (%)	People tested HIV positive N=2,198 No. (%)
Age		
≤14 years	3,443 (3.6%)	204 (9.3%)
15-49 years	85,864 (91.0%)	1,864 (84.8%)
> 49 years	5,093 (5.4%)	130 (5.9%)
Sex		
Male	41,245 (43.7%)	1,028 (46.8%)
Female	53,155 (56.3%)	1,170 (53.2%)

Table 2: Characteristics of clients tested at VCCT sites, In Q3-2010

In Q3-2010, 99.6% (range: 87.3% - 100% across sites) of VCCT clients and TB patients tested received their result through post-test counseling (Annex: VCCT indicator 3).

In Q3-2010, of 94,400 VCCT clients, 5,116 (5.0%) were referred from the TB program. (Figure 5).

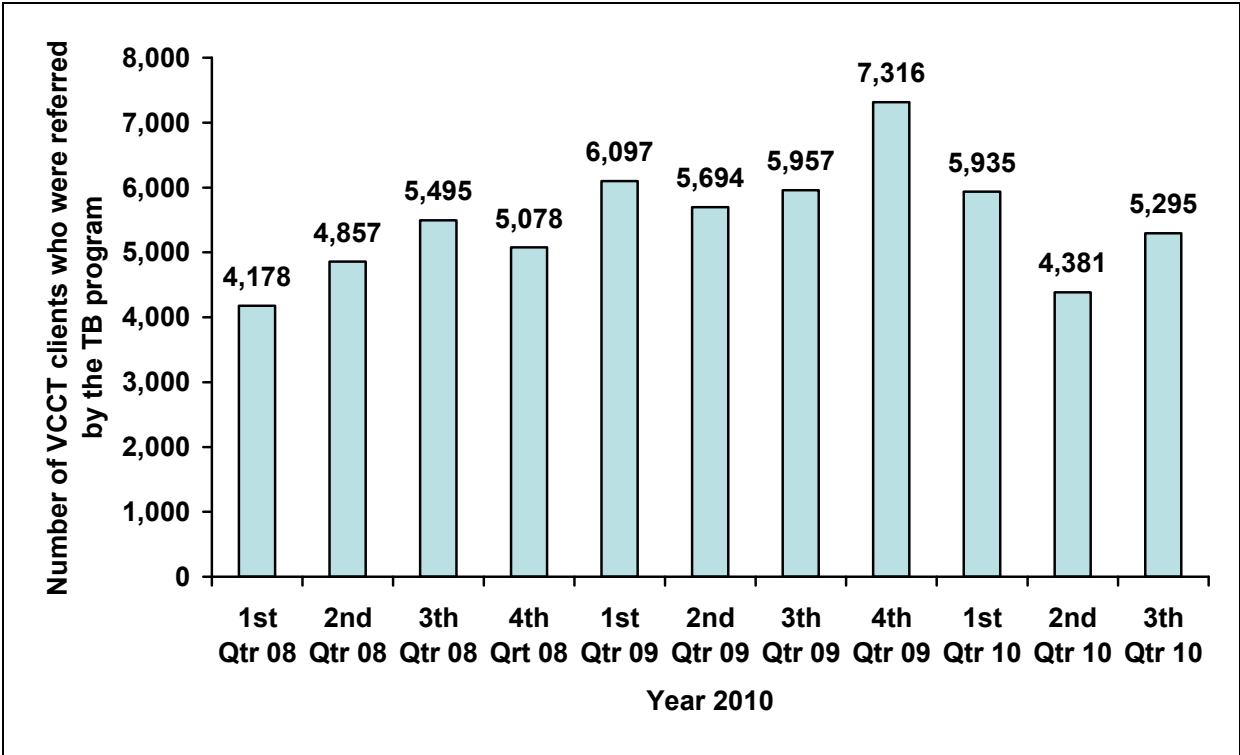


Figure 5: Trend in number of VCCT clients referred from TB program from Q1- 2008 to Q3-2010

In Q3-2010, of the 94,400 VCCT clients and TB patients tested at VCCT sites nationwide, 2,198 (2.3%) were detected HIV positive at VCCT sites (Figure 6).

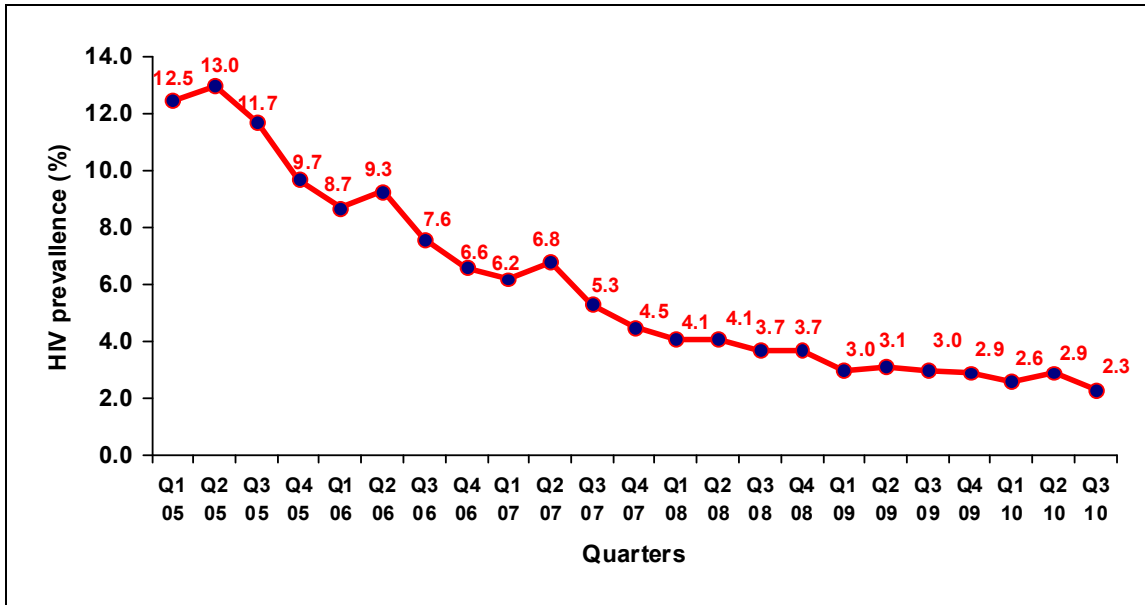


Figure 6: Trend in HIV-infection rate among VCCT clients from Q1-2005 to Q3-2010

2.1.2. OI and ART services

Today, 51 health facilities offer OI and ART services in 44 Operational Districts in 21 provinces and cities (Annex: CoC indicator 1). These 51 OI and ART services are supported by the government and some by NGOs and partner (Annex: CoC indicator 2). There is one OI-ART sites which removed out from the report in this Q3-2010 is Magna clinic due to this site supported by government at Chey Chum Neash Referral Hospital. Of the total 51 OI/ART sites, there are 32 sites provide pediatric care in 29 Operational Districts. There are 9 Adult ART sites which initial establish by the end of Q3-2010 and will be reported in the next quarter, two sites at Kampong Cham provinces (Chamkar Loue RH and Srey Santhor RH), one site at Kampong Thom Province (Baray Sonthouk RH), one site at Takeo province (Prey Kabas RH) and 4 sites at Phnom Penh (Chamkadoung RH, Meanchey RH, Samdach Ov RH and Pochintong).

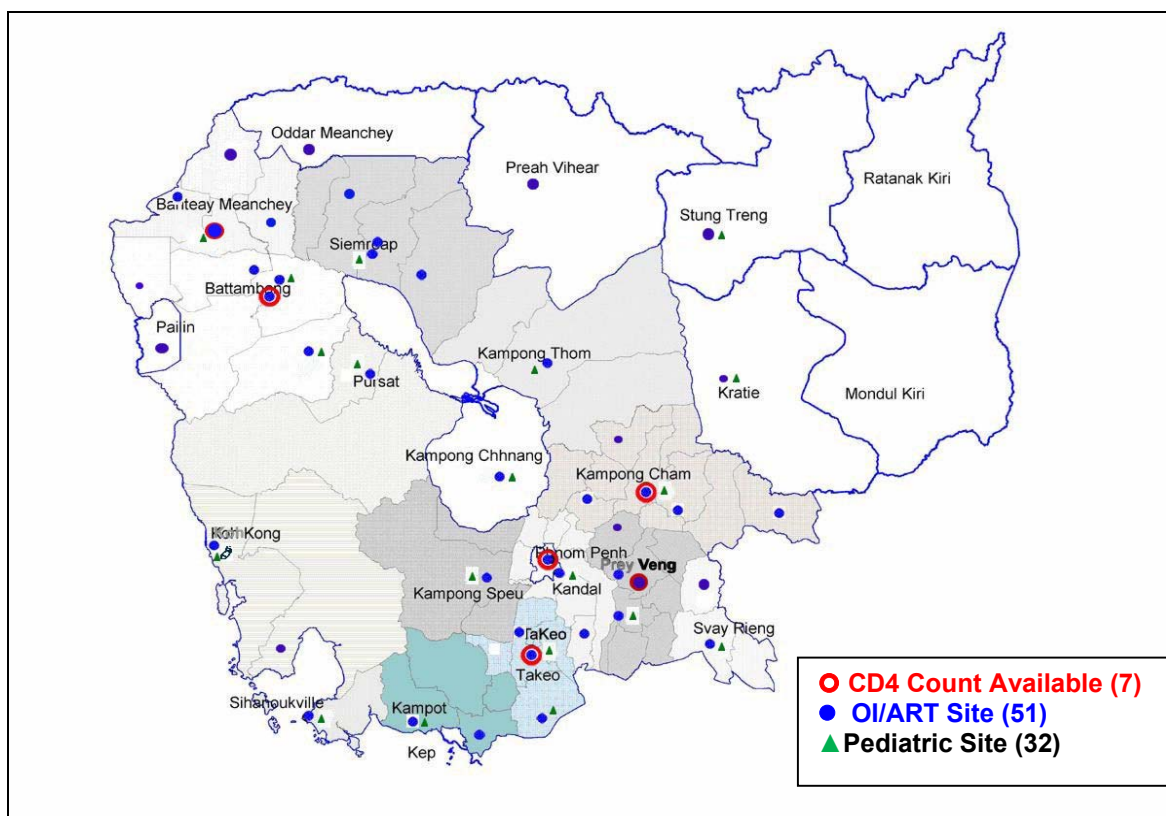


Figure 7: Location of facility-based OI/ART sites as of September 2010

Laboratory Support

In Q3-2010, 18,505 CD4 tests have been conducted in the 7 regional laboratories with the leased FACS counts (Takeo, Kompong Cham, Battambang, Preyveng, NIPH in Phnom Penh and Mongkul Borei in Banteay Meanchey province (Figure 8). CD4 test is also available at Pasteur Institute in Phnom Penh, which has 357 tests examined in this quarter. CD4 % tests in

percentage for children are performed at Pasteur Institute of Cambodia (IPC) in Phnom Penh and at NIPH.

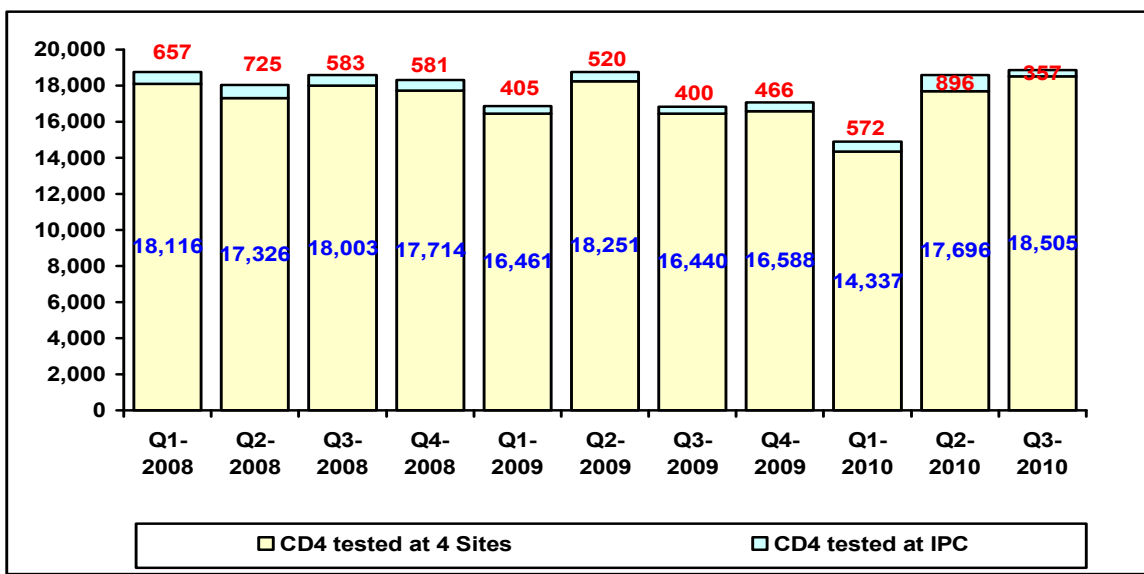


Figure 8 : Trend in the total number of CD4 tests conducted in Cambodia at 7 government sites and IPC from Q1-2008 to Q3-2010

In Q3-2010, there are no HIV RNA viral load tests for patients at NIPH. However, there are 1,218 HIV RNA viral load tests were conducted at Institute Pasteur of Cambodia (IPC) (Figure 9).

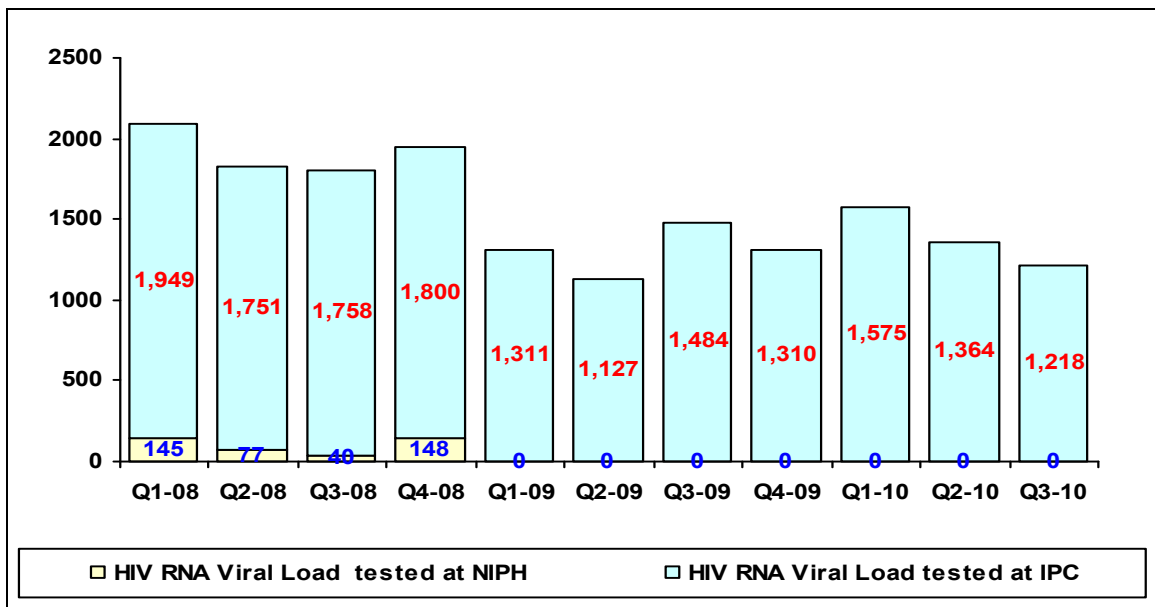


Figure 9: Trend in the total number of RNA Viral Load tests conducted in Cambodia at NIPH and IPC from Q1-2008 to Q3-2010

In Q3-2010, 227 DNA PCR tests for early infant diagnostic (EID) found 18 positive were conducted at NIPH. Another place at Institute Pasteur of Cambodia (IPC) in Q3-2010 the total number of DBS screened are 342 found 22 positive and Number of infant screened for the 1st

time (excluding DBS for confirmation) are 234 which the number of infant diagnosed positive at time of 1st screening are 22 and the total of HIV DR tested are 53.

This Q3-2010, a total of 41,669 active patients including 37,666 adults and 4,003 children are receiving ART (Figures 11 and 12) (Annex: HFBC indicator 3). According to the increasing of CD4 threshold 350/mm³ for starting of ART, the estimated need of HIV/AIDS patients (Adults and Children) on ART are projected about 44280 in 2010, it is 93% if compared with the actual number of AIDS patients (Adults and Children) on ART as reported in September 2010.

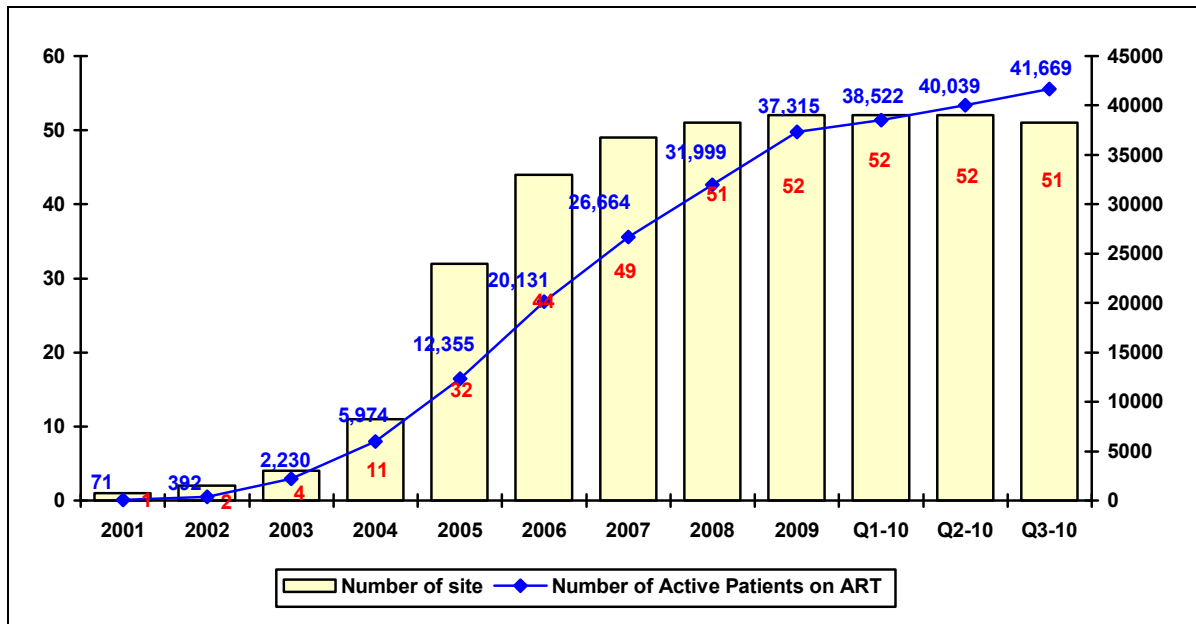


Figure 11: Trend in number of OI/ART sites and active patients on ART from 2001 to Q3-2010

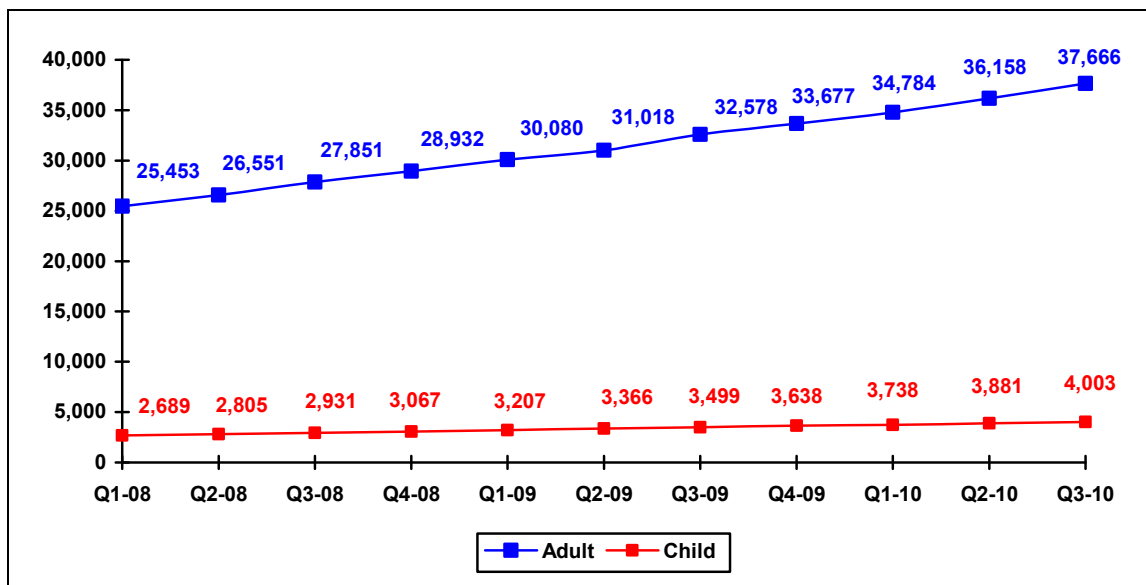


Figure 12: Trend in number of active adult and child patients from Q1 2008 to Q3-2010

In Q3-2010, female adult patients accounted for 53.1% (20,014) of all active patients on ART. At OI/ART sites, a total of 1,962 new patients (including 201 children) started OI prophylaxis and management and 2,124 new patients (including 164 children) started on ART in Q3-2010 (Figure 13). The number of new patients on OI care has been increased than Q2 2010. On the other hand, the numbers of new patients on ART were significantly increased as from Q2 2010 if compared to the number reported in Q3 2010. In this quarter there are 511 patients lost in OI care.

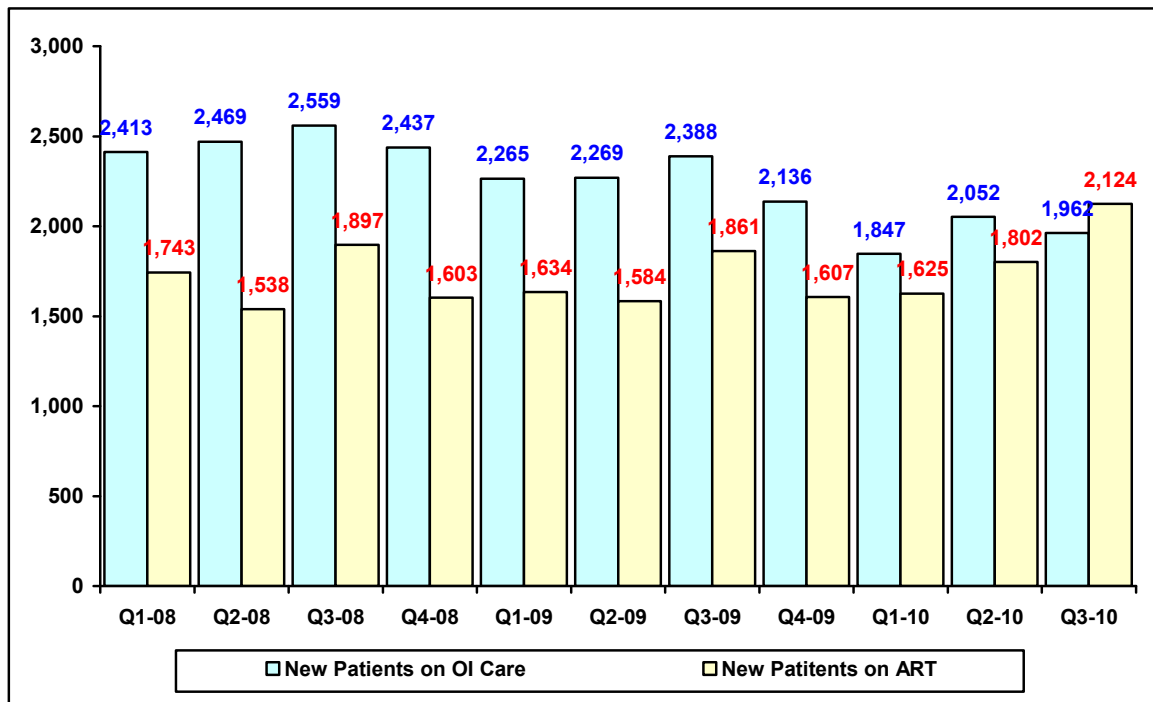


Figure 13: Trend in numbers of new patients on OI and ART from Q4-2007 to Q3-2010

There were a total of 6,467 active adult patients and 1,567 child patients with opportunistic infections who are not eligible for ART yet at the end of Q3-2010. Of those, 4,053 (62.7%) were female patients represented mostly the spouses of male patients who are started on OI/ART care since years ago.

A total of 1,182 adult patients and 196 child patients on OI care were eligible to prepare on ART at the end of September 2010.

Patient mobility across services, lost and died

In Q3-2010, a total of 258 ART patients were transferred out to new ART sites located closer to their home residence, moreover there are 223 ART patients lost treatment and 186 patients died during this quarter. At the end of Q3-2010, 10 ART sites have large cohorts of more than 1,000 active patients on ART, including Khmer Soviet Friendship Hospital/Phnom Penh that has 3,686 active patients on ART.

Drug and logistic support

In Q3-2010, the number of patients on different ART regimens has been reported from all ART sites. Most AIDS patients were prescribed for 1st line of regimen, including d4t+3TC+NVP, d4t+3TC+EFV and AZT+3TC+NVP; whereas 4.1 % of adults and 7.5 % of children were on PI-based regimens (Table 3).

ARV drug regimen Q3 - 2010	Adults N= 36,919* No. (%)		Children N= 4,061* No. (%)	
d4t+3TC+NVP	16,093	43.6 %	3,063	75.4 %
d4t+3TC+EFV	4,907	13.3 %	429	10.6 %
AZT+3TC+NVP	9,078	24.6 %	186	4.6 %
AZT+3TC+EFV	3,081	8.3 %	68	1.7 %
PI-based regimens	1,532	4.1 %	303	7.5 %
Other regimens	2,228	6.0 %	12	0.3 %

* Regimen data do not match exactly the actual the number of people on ART.

Table 3: *Distribution of antiretroviral drug regimens prescribed for HIV infected patients in Cambodia, Q3-2010*

TB Screening of new OI Patients

In Q3 2010, there were 1,970 new OI patients registered at OI-ART Sites. Of these 1,970 new OI patients, 1,213 (61.6%) were screened for TB (smear/chest X-Ray) during the quarter. Of the 1,213 patients screened for TB, 158 were detected as TB Pulmonary, 138 were detected as Extra-pulmonary TB detected and 827 delivered a negative result. The number of TB screened among new OI patients were low (61.6%) due to four OI-ART sites didn't report for TB-Screening to NCHADS and this report did not reported the symptom screening.

2.1.3. Community-based services

As reported in 3rd quarter 2010, there are 353 HBC teams covered over 841 Health Cents in 71 operational districts (OD) in 19 provinces. In this quarter Preah Vihear provinces still have no report, because NGO that operated CoC finished their project in coverage and supporting PLHAs and still waiting for new NGOs (Annex: HBC indicator 1) (Figure 13) within the CoC established in place (Annex: HBC indicator 4).

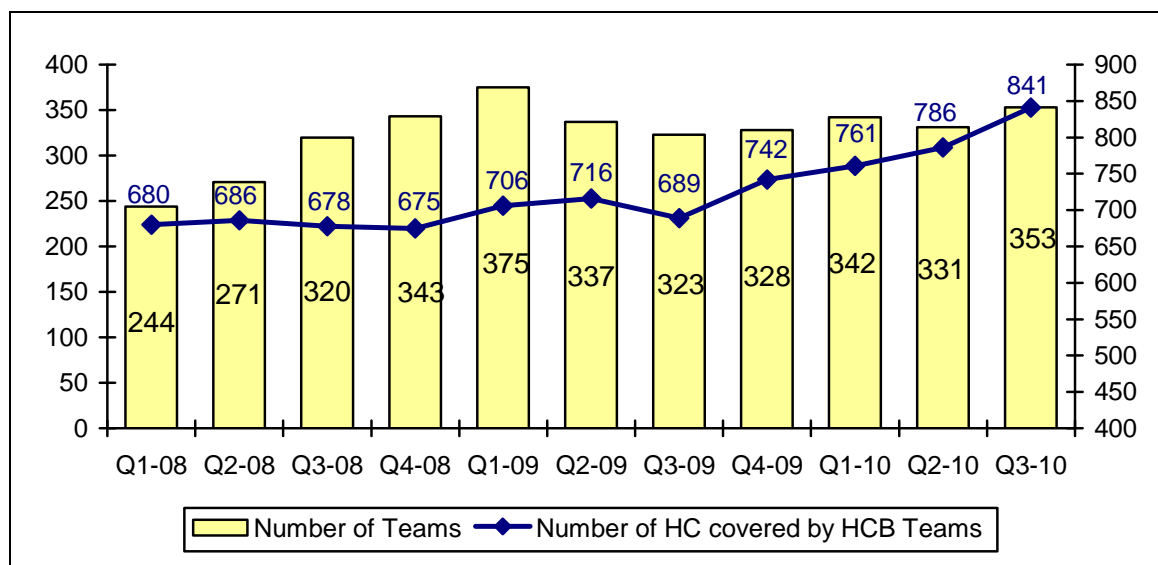


Figure 13: Trend in number of HBC teams form Q1-2008 to Q3-2010

These HBC teams are currently supporting for a total of 29,578 PLHA (Annex: HBC indicator 2), which 8,927 were registered in Pre-ART (OI) and other 20,651 were registered in ART.

2.1.4. Linked Response data from demonstration project

37 Reporting LR ODs, July to September 2010

In July 2010, of the 37 ODs implementing the Linked Response Approach, 37 ODs had reported data. From July to September 2010, of a total of 38,660 first ANC attendees at Linked Response sites and outreach services, 34,022 (88%) were tested for HIV. Amongst couples where the woman attended an ANC consultation at a Linked Response site, 70,78 husbands/partners accepted testing (20.80%) of pregnant women was tested with their husbands/partners). Among the 34,022 ANC attendees at Linked Response sites and outreach services who received an HIV test, 66 (0.19 %) were HIV positive and a further 23 known HIV-positive pregnant women were referred to Linked Response services.

A total of 77 HIV-infected pregnant women delivered their babies at PMTCT maternity sites between July and September 2010. Of these mothers, 76 (98.70%) accessed ARV drugs: 47 (61.74%) received HAART and 29 (38.15%) received ARV prophylaxis in labor alone. Of 77 infants born to HIV-infected mothers at PMTCT maternity sites from July to September 2010, 74 (96.10%) received NVP.

III. FINANCIAL REPORT:

During this period, more than 25% of total budget in 3rd Quarterly activity plan of 2010 were spent on key activities of prevention, care, support and treatment programme for HIV/AIDS patients. The expenditure was low due to the majority of the budget plan allocated for logistic management to procure for health products and medical equipments (OI/ARV drugs, reagents and consumables) which not yet paid. If excluded budget for health products and medical equipments, the percentage of expenditure was around 67% (see table 4).

In addition, the part of continuum of care and support activities for HIV/AIDS patients funded by AHF which have been implemented at 11 ODs in 10 provinces (Kampong Thom, Kampot, Kandal, Prey Veng, Svay Rieng, Pursat, Oddor Meanchey, Stung Treng, Preah Sihanouk and Takeo), and 4 provinces (Battambang, Banteay Meanchey, Pailin and Pursat) funded by US-CDC. Any activity plans of the rest of provinces funded by GFATM-R7.

This Report presented quarter expenditures in description of both the proportion of planned budget disbursed and achievement of activities as planned. The figure in expenditure columns below is shown only expenditures recorded from the NCHADS accounting system as allowable reconciled expenditure against advances. It includes the ten main funding sources of NCHADS programme: GFATM (R4, R5 and R7), CDC, CHAI, UNSW/CTAP, CIPRA, ITM, and AHF.

Sources	Annual Plan	Q3 Plan	Q3 Act	Q3 %	A %
GFATM-R7	\$ 9,645,090	\$ 5,089,804	\$ 1,333,057	26%	26%
GFATM-R4	\$ 7,330,814	\$1,8940,127	\$ 159,816	8%	8%
GFATM-R5	\$ 581,488	\$ 107,546	\$ 95,633	89%	40%
CDC	\$ 800,587	\$ 295,307	\$ 163,264	55%	68%
UNSW/CTAP	\$ 100,000	\$ 25,000	\$ 2,187	9%	202%
WHO	\$ 102,329	\$ 23,577	\$ -	0%	0%
CHAI	\$ 303,458	\$ 68,314	\$ 64,857	95%	70%
AHF	\$ 146,283	\$ 40,067	\$ 32,309	81%	69%
CIPRA	\$ 80,000	\$ 20,000	\$ 27,559	138%	209%
ITM DGDC	\$ 58,654	\$ 36,290	\$ 12,422	34%	119%
TREAT ASIA	\$ 35,000	\$ 8,750	\$ -	0%	0%
CRS	\$ 12,389	\$ 2,073	\$ -	0%	0%
Grand Total	\$ 19,260,386	\$ 7,585,504	\$ 1,892,812	25%	22%
Total for Logistic Management	\$ 7,123,023	\$5,642,994	\$ 588,497	10%	10%
Excluded the Budget of Logistic Management	\$ 12,137,363	\$1,942,510	\$ 1,425,811	67%	61%

Table 4: Summary of expenditures by sources managed by NCHADS:

IV. CONCLUSION:

In overall, most of activities related to the targets for services delivery areas (OI/ART, VCCT, STI, and HBC services) for Care and Treatment Component in the third quarter in 2010 were achieved as planned. At the same time, NCHADS with the supports from partners conducted the Continuum of Quality Improvement and Early Warning Indicators in order to improve the quality of Care and Treatment Services at OI/ART sites level.

ANNEX 1: Monitoring and Evaluation indicators

	STI Indicators	Type	2010 target No. (%)	Q3. 2010 score No. (%)
1	Proportion of visiting brothel-based SWs diagnosed with cervicitis during monthly follow-up consultations at special STI clinic	Outcome	< 14%	18 %
2	Number of Special STI Clinics with laboratory support to perform RPR and basic microscopy (UA 34)	Output	31	32
3	Percentage of entertainment services workers who use STI services monthly	Output	EWS: 18,350	EWS: 6,774

	CoC Indicators	Type	2010 target No. (%)	Q3. 2010 score No. (%)
1	Total number of Operational Districts with a full Continuum of Care	Output	45	44
2	Number of CoC sites with ARV services	Output	55	51

	VCCT Indicators	Type	2010 target No. (%)	Q3. 2010 score No. (%)
1	Number of licensed VCCT sites operating in the public and non-profit sectors (UA 1).	Output	250	239
2	Number and percentage of adults (aged 15-49) who received HIV counseling and testing (UA 3, 4, 5, 9).	Outcome	400,000 (5.2%)	From Jan to September 2010 262,421
3	Percentage of people HIV tested who received their result through post-test counseling (UA 9).	Output	98%	99.6 %

4	Number and percentage of HIV (+) Clients who were referred to OI/ART sites	Output	95%	79.4 %
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	HFBC Indicators	Type	2010 target No. (%)	Q3. 2010 score No. (%)
1	Percentage of people on ART alive 12 months after initiation	Impact	>85%	
2	Number of targeted OD with at least one centre that provides public ART services (UA 23).	Output	40 A: 40 C:30	44 A: 44 C:29
3	Number and percentage of people with advanced HIV infection on HAART (UA 24).	Outcome	38,477 adults 4,800 children <hr/> 43,277 total	37,666 adults 4,003 children <hr/> 41,669 total
4	Number of OD with at least one centre that provides PMTCT services * (UA 10).	Output	76 (100%)	67 (88%)
5	Number and percentage of pregnant women who were tested for HIV and received their test result		75%	71.2%
6	Number and percentage of HIV-infected pregnant women who received a complete course of ARV		60%	
7	Number and percentage of individuals newly enrolled in HIV care who were screened* for TB at the first visit	Output	90%	New OI = 1,970 Screen TB = 1,213 61.6%

Note: * For indicators number 4, 5 and 6 of HFBC component, the values from NMCHC

	HBC Indicators	Type	2010 target No. (%)	Q3. 2010 score No. (%)
1	Total number of HBC teams actively providing home-based care and support services to PLHA	Output	300	353
2	Number of PLHA supported by HBC teams	Output	30,000	29,578
3	Number and percentage of health centers with HBC team support	Output	780 (83%) of 942 HC	841 (89.3%)

	Surveillance Indicators	Type	2010 target No. (%)	Q3. 2010 score No. (%)
1	Number of HSS conducted	Output	Round 10	Ongoing process of HSS Round 10
2	Number of BSS conducted	Output	Round 8	Ongoing process of BSS Round 8

	Research Indicators	Type	2010 target No. (%)	Q3. 2010 score No. (%)
1	Number of Research conducted	Output	2	2

	PMR Indicators	Type	2010 target No. (%)	Q3. 2010 score No. (%)
1	Percentage of major funding sources included in the Annual Comprehensive Work Plan	Output	>90%	>90%

2	No. of NGOs and partners with signed Letters of Agreement for annual work plans on HIV/AIDS & STI programme	Output	50	47
3	Number of NCHADS quarterly program reports produced and disseminated	Output	5	3

	DM Indicators	Type	2010 target No. (%)	Q3. 2010 score No. (%)
1	Number of provinces with data management units	Output	20	20